The Latest in DME and RVO

This issue of *Retina Today* focuses on diabetic macular edema (DME) and retinal vein occlusion (RVO). These diseases, particularly DME, represent the new frontiers in therapy. The advances that have been made in pharmacotherapy for age-related macular degeneration (AMD) have been significant, and as understanding of the roles of VEGF and inflammation in AMD has improved, correlations can be made to other vascular retinal diseases such as DME, branch RVO, and central RVO. Because these patients tend to be younger and thus still members of the workforce, the potential benefits for saving vision in this population may be significant.

Addressing the clinical management of DME and RVO, Szilárd Kiss, MD, writes about the newer treatment options, noting that rather than having 1 treatment replace laser or becoming the standard of care, combination treatment may prove to be the best choice in these complicated disease states. Regarding laser, José Augusto Cardillo, MD; and Michel E. Farah, MD, PhD, contribute an article on the use of micropulse technology for DME and central serous chorioretinopathy. Their experience with this treatment modality has shown that laser can be applied in a manner that is not only nondestructive, but that is also therapeutic to retinal tissue. In the surgical arena, María H. Berrocal, MD, describes an ultra-fast cutter in the 25+ class of vitrectomy instrumentation and how it can be applied to diabetic retinal detachments and proliferative vitreoreinopathies.

Diabetes presents unique challenges to the retina specialist in terms of comanagement with primary care physicians or diabetologists, as do both DME and RVO to practice administrators as more clinicians are performing injections for these growing patient populations. Timothy S. Bailey, MD, FACE, CPI, who is an endocrinologist, provides important insight into how physicians can work together in the care of their patients with diabetes, and Don Shay, CMPE, discusses the challenges in managing a high-volume injection retina practice.

We hope that the variety of topics addressed in this issue provides some valuable information that can be used in everyday practice. As the numbers of patients with diabetes increase, and as we are able to treat our RVO patients earlier with pharmacotherapy, it will be more important to apply the latest technology and tools to manage these patients. ■

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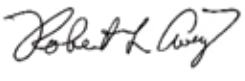

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